

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000005500

1. Corporation Name

MULTICULTURAL NURSING ORGANIZATION, INC.

2. Principal Office Address - No P.O. Box #

392 Adair Street

Suite, Apt. #, etc.

City & State

Port Charlotte, FL 33954 same

Zip

33854

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

same

Country

USA

7. Name and Address of Current Registered Agent

Name

DAVID K. OAKS, P.A.

Street Address (P.O. Box Number is Not Acceptable)

407 E. Marion Avenue

Suite, Apt. #, Etc.

Suite 101

City

Punta Gorda, FL

State

FL

Zip Code

33950

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

David K. Oaks
REGISTERED AGENT MUST SIGN

Date 1-14-08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WINT, JACQUELINE	392 Adair St.	Port Charlotte, FL 33954
DPS	McINTOSH, JACQUELINE	2077 Lakeview Blvd.	Port Charlotte, FL 33948
DV	JONES, DOROTHY	18181 Bly Avenue	Port Charlotte, FL 33948
DT	JOHNSON, JOCELYN	3073 Clifford St.	Port Charlotte, FL 33980
D	TAYLOR, FRED	1600 Viscaya Drive	Port Charlotte, FL 33952
		2006-08	REINSTATEMENT

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jacqueline McIntosh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/14/08

Daytime Phone # (941) 391-3892

FILED

2008 JAN 17 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/17/08--01030--007 **358.75

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

5/23/05

5. FEI Number

20-3214332

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.